

The date of receipt at the Patent Office stamped hereon is acknowledgment of receipt of the following:

Type: Reply to Office Action and Amendment

Serial No. 393,482  
09/939,482

Filing Date: September 10, 1999

Inventor: Jerry H. Chisnell

Examiner: D. Arola

Group:



Enclosing: Reply to Office Action and Amendment, Transmittal form, Fee transmittal in duplicate; Request for One Month Extension with SASE, check for \$190.00, translation of Russian reference and postcard.

Attorney Docket: FTP139A US

# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

\$190.00

## Complete if Known

Application Number	09/039,482 09/1393,482
Filing Date	September 10, 1999
First Named Inventor	Jerry H. Chisnell
Examiner Name	D. Arola
Group Art Unit	3627
Attorney Docket No.	FTP139A US

## METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:
- Deposit Account Number 22-0212
- Deposit Account Name VanOphem Meehan & VanOphem P.C.
- ☐ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
- ☐ Applicant claims small entity status. See 37 CFR 1.27
2. ☒ Payment Enclosed:
- ☒ Check ☐ Credit card ☐ Money Order ☐ Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Code (\$)	Small Entity Code (\$)	Fee Description	Fee Paid
101 710 201 355		Utility filing fee	
106 320 206 160		Design filing fee	
107 490 207 245		Plant filing fee	
108 710 208 355		Reissue filing fee	
114 150 214 75		Provisional filing fee	

SUBTOTAL(S)

### 2. EXTRA CLAIM FEES

Total Claims 12 Extra Claims 0 Fee from below 80.00 Fee Paid 80.00

Independent Claims 4 3- = 1 x 80.00

Multiple Dependent

Large Entity Code (\$)	Small Entity Code (\$)	Fee Description	Fee Paid
103 18 203 9		Claims in excess of 20	
102 80 202 40		Independent claims in excess of 3	
104 270 204 135		Multiple dependent claim, if not paid	
109 80 209 40		* Reissue independent claims over original patent	
110 18 210 9		Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2)

(\$ 80.00)

\* or number previously paid, if greater. - For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Code (\$)	Small Entity Code (\$)	Fee Description	Fee Paid
105 130 205 65		Surcharge - late filing fee or oath	
127 50 227 25		Surcharge - late provisional filing fee or cover sheet	
139 130 139 130		Non-English specification	
147 2,520 147 2,520		For filing a request for ex parte reexamination	
112 920* 112 920*		Requesting publication of SIR prior to Examiner action	
113 1,840- 113 1,840*		Requesting publication of SIR after Examiner action	
115 110 215 55		Extension for reply within first month	\$110.00
118 390 216 195		Extension for reply within second month	
117 890 217 445		Extension for reply within third month	
118 1,390 218 695		Extension for reply within fourth month	
128 1,890 228 945		Extension for reply within fifth month	
119 310 219 155		Notice of Appeal	
120 310 220 155		Filing a brief in support of an appeal	
121 270 221 135		Request for oral hearing	
138 1,510 138 1,510		Petition to institute a public use proceeding	
140 110 240 55		Petition to revive - unavoidable	
141 1,240 241 620		Petition to revive - unintentional	
142 1,240 242 620		Utility issue fee (or reissue)	
143 440 243 220		Design issue fee	
144 600 244 300		Plant issue fee	
122 130 122 130		Petitions to the Commissioner	
123 50 123 50		Processing fee under 37 CFR 1.17(q)	
126 180 126 180		Submission of Information Disclosure Stmt	
581 40 581 40		Recording each patent assignment per property (times number of properties)	
146 710 246 355		Filing a submission after final rejection (37 CFR § 1.129(a))	
149 710 249 355		For each additional invention to be examined (37 CFR § 1.129(b))	
179 710 279 355		Request for Continued Examination (RCE)	
169 900 169 900		Request for expedited examination of a design application	
Other fee (specify)			
SUBTOTAL (3)			\$110.00

\* Reduced by Basic Filing Fee Paid

## SUBMITTED BY

Name (Print/Type) Remy J. VanOphem

Registration No. (Attorney/Agent) 27053

## Complete if applicable

Telephone (248) 362-1210

Signature Remy J. VanOphem

Date February 5, 2001

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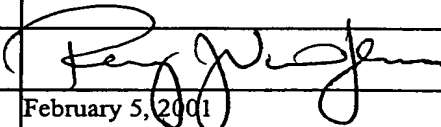
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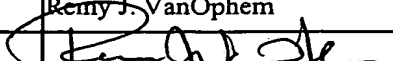
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/939,482 <b>393,482</b>
	Filing Date	September 10, 1999
	First Named Inventor	Jerry H. Chisnell
	Group Art Unit	3627
	Examiner Name	D. Arola
Total Number of Pages in This Submission	Attorney Docket Number	FTP139A US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CID, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Exhibit A, duplicate of extension w/\$190.00 check (extension, extra claim), self addressed stamped envelope, translation of Russian reference and postcard	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Remy J. VanOphem VanOphem Meehan & VanOphem, P.C.
Signature	
Date	February 5, 2001

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <b>February 5, 2001</b>	
Typed or printed name	Remy J. VanOphem
Signature	
Date	February 5, 2001

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